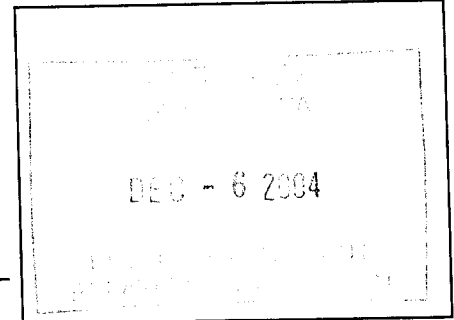


**PUBLIC EMPLOYMENT RELATIONS COMMISSION**  
 Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY  
 Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919  
 (360) 753-3444

DO NOT WRITE IN THIS SPACE

**PETITION FOR INVESTIGATION OF  
 QUESTION CONCERNING REPRESENTATION**  
 [ ] Amended Petition in Case \_\_\_\_\_ -E- \_\_\_\_\_



Instructions: See other side of this form.

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

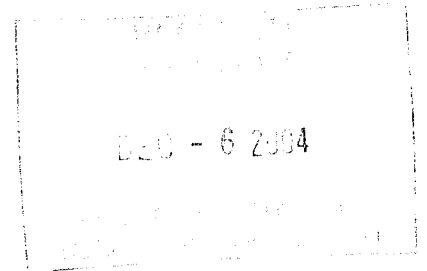
<p><b>1. EMPLOYER</b></p> <p>Office of the Insurance Commissioner</p> <p>CONTACT PERSON: Eva Santos, OFM, Director Labor Relations State Agency</p> <p>ADDRESS: PO Box 43113</p> <p>CITY/STATE: Olympia, WA</p> <p>TELEPHONE: (360) 725-5150 EXT. _____ FAX: (360) 725-5154</p> <p>ATTORNEY or REPRESENTATIVE: Mike Watson, Chief Deputy Commissioner</p> <p>ADDRESS: PO Box 40255</p> <p>CITY/STATE: Olympia, WA</p> <p>TELEPHONE: (360) 725-7106 EXT. _____ FAX: (360) 586-3535</p> <p><b>2. PETITIONER</b></p> <p>Washington Federation of State Employees, AFL-CIO</p> <p>CONTACT PERSON: Greg Devereux, Ex. Director</p> <p>ADDRESS: 1212 Jefferson St. SE, Suite 300</p> <p>CITY/STATE: Olympia, WA</p> <p>TELEPHONE: (360) 352-7603 EXT. _____ FAX: (360) 352-7608</p> <p>ATTORNEY or REPRESENTATIVE: Gladys Burbank, Dir of PERC Activities</p> <p>ADDRESS: 1212 Jefferson St., SE, Suite 300</p> <p>CITY/STATE: Olympia, WA</p> <p>TELEPHONE: (360) 352-7603 EXT. _____ FAX: (360) 352-7608</p> <p><b>3. INCUMBENT BARGAINING REPRESENTATIVE</b> Indicate:</p> <p>[X] The employees involved are not currently represented for bargaining; or</p> <p>[ ] The employees involved are currently represented by:</p> <p>ORGANIZATION: _____</p> <p>CONTACT PERSON: _____</p> <p>ADDRESS: _____</p> <p>CITY/STATE: _____ ZIP: _____</p> <p>TELEPHONE: (_____) _____ EXT. _____ FAX: (_____) _____</p> <p>ATTORNEY or REPRESENTATIVE: _____</p> <p>ADDRESS: _____</p> <p>CITY/STATE: _____ ZIP: _____</p> <p>TELEPHONE: (_____) _____ EXT. _____ FAX: (_____) _____</p> <p><b>4. COLLECTIVE BARGAINING AGREEMENT</b> Indicate:</p> <p>[X] There has never been an agreement covering the employees involved; or</p> <p>[ ] A copy of the current (or most recent) agreement is attached.</p> <p><b>5. SHOWING OF INTEREST</b> A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.</p>	<p><b>6. BARGAINING UNIT</b></p> <p>a. EMPLOYER'S PRINCIPAL BUSINESS: _____</p> <p>b. DEPARTMENT OR DIVISION INVOLVED: Agencywide</p> <p>c. DESCRIPTION OF BARGAINING UNIT Indicate inclusions/exclusions, contract page or case/decision number:</p> <p>All insurance examiners excluding supervisors and WMS employees</p> <p><b>NUMBER OF EMPLOYEES IN BARGAINING UNIT</b> 24</p> <p><b>7. DESIGNATION OF REQUEST</b> Indicate:</p> <p>[X] RECOGNITION REQUEST. The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.</p> <p>[ ] CHANGE OF REPRESENTATIVE. The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.</p> <p>[ ] DECERTIFICATION. The employees in the bargaining unit no longer desire to be represented by any employee organization.</p> <p>[ ] EMPLOYER PETITION - DEMAND FOR RECOGNITION. The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.</p> <p>[ ] EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.</p> <p><b>8. OTHER RELEVANT FACTS</b> Indicate, if applicable:</p> <p>[ ] Additional information is set forth on separate sheets attached to this petition form.</p> <p><b>9. AUTHORIZED SIGNATURE FOR PETITIONER</b></p> <p>NAME (PRINT) Gladys V. Burbank</p> <p>SIGNATURE <i>Gladys V. Burbank</i></p> <p>TITLE Dir of PERC Activities DATE 12/6/04</p>
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**STATE HEADQUARTERS**

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501  
PHONE 360-352-7603 • FAX 360-352-7608

December 6, 2004



Marvin L. Schurke, Executive Director  
Public Employment Relations Commission  
P. O. Box 40919  
Olympia, WA 98504-0919

Dear Mr. Schurke:

We are hereby filing a request to be certified as the exclusive representative of the insurance examiners (non-supervisors) in The Office of the Insurance Commissioner. Our petition would exclude all supervisors and WMS employees in this job category.

Our records show that we have authorization cards for at least 70% of the 24 employees included in the unit. We are therefore requesting that we be certified to represent the employees based upon the cross check procedures allowed under WAC 391-25-391, WAC 391-25-396, WAC 391-25-410 and WAC 391-25-416.

Thank you for your attention to our request. If you have any questions regarding our petition you can contact me at 352-7603.

Sincerely,

Gladys V. Burbank  
Director of PERC Activities

CC: Eva Santos, OFM Labor Relations Director  
Mike Watson, Chief Deputy Commissioner, Office of the Insurance Commissioner  
WFSE Staff

DEC - 6 2004

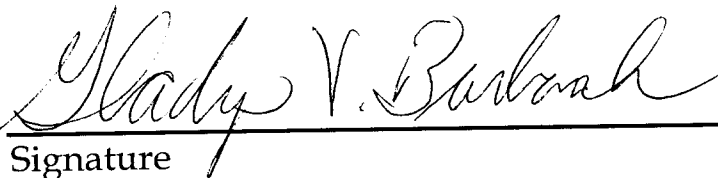
### Certificate of Servicing

As per PERC Commission requirements and WAC 391-08-120(4), I, Gladys V. Burbank, WFSE Director of PERC Activities, do certify that the following facts regarding servicing of the Petition for the Non-supervisor insurance examiners in the Office of the Insurance Commissioner is true.

On December 6, 2004, I deposited in the United States mail, properly stamped and addressed, a copy of the petition to Eva Santos, Director, Labor Relations, OFM and to Mike Watson, Chief Deputy Commissioner for the Office of the Insurance Commissioner. To the best of my knowledge and belief these are the representatives of the other party that would need to be notified to fulfill our obligations under WAC 391-08-120 (4).

Signed on December 6, 2004 by

Gladys V. Burbank, WFSE Director of PERC Activities

  
Signature